



CORNWALL COUNTY COUNCIL.

EDUCATION COMMITTEE.

ANNUAL REPORT

OF THE

School Medical Officer

FOR THE YEAR 1934.

TRURO :

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1935



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ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER FOR THE YEAR 1934.

School Medical Staff.

School Medical Officer: E. M. Clarke, M.D.Lond.

Assistant School Medical Officers:

Dorothy A. Chown, M.R.C.S. Eng., L.R.C.P. Lond.,
J. A. Clark, M.B., B.S. Lond., M.R.C.S. Eng., L.R.C.P.
Lond.,
R. J. E. Hanson, M.A., M.B., B.Ch. Camb.,
F.R.C.S. Ed.,
Elizabeth Macleod, M.D., Ch.B. Ed.

School Dental Surgeons:

W. H. Ellam, B.D.S. Univ. L'pool.
F. R. Taylor, L.D.S., R.C.S. Eng.

Dental Nurses:

Mrs. C. D. Good.
Miss R. P. Rowe.

Orthopaedic Sister: Miss H. V. Jonsson, C.S.M.M.G., M.E.

School Nurses: Seven Health Visitors and 151 District Nurses
give part time to school work.

Statistics.

Area of County:—Elementary Education Area: (Penzance and Falmouth Boroughs excluded) 863,132 acres.

Higher Education Area ... 868,167 acres.

<i>Population</i>	{	Higher Education Area	317,968
<i>1931 Census</i>		Elementary „ „	282,921

			Elementary.	Secondary.
<i>School Population</i> (on books)	...	...	36,213	3,497
<i>Average Attendance</i>	...	...	32,290	3,186
<i>Number of Schools</i>	...	...	295	21
<i>Number of Departments</i>	...	...	359	—

Co-ordination.

The School Medical Officer is also the County Medical Officer of Health.

The health visitors and district nurses undertake maternity and child welfare work in addition to school work and tuberculosis work. The superintendents of the County Nursing Association are also the inspectors of midwives. The work of the health visitors and district nurses is co-ordinated under the supervision of the Superintendent of the County Nursing Association and the County Medical Officer.

School Hygiene.

There is no special change to report. Improvements are effected as opportunity offers.

Medical Inspection.

Each Assistant School Medical Officer undertakes all the work in his or her district with the exception of "refraction" which is undertaken by Dr. Hanson throughout the County. Each school is visited twice a year, once for a routine inspection, and once, usually without notice, for re-examination of children previously referred for observation or treatment; children absent at the previous inspection are also seen.

Age groups inspected :—

Entrants.

Children 8 years old.

Children 12 years old.

“ Specials ” selected by parents and teachers and not due for inspection under one of the first three headings.

Findings of Medical Inspection.

The following table gives the numbers of “ routine ” children referred for treatment per 1,000 examined, in comparison with those for England and Wales.

				Cornwall		England & Wales
				1934.	1933.	1933.
Malnutrition	...	...	...	18.7	19.4	11.1
Skin diseases	...	...	...	6.6	8.5	9.6
Defects of Vision	...	...	...	58.6	52.8	80.6*
Squint	...	...	...	8.7	8.0	7.8
Other Eye Diseases	...	...	...	3.3	3.7	7.4
Defects of hearing	...	...	...	3.2	4.5	3.3
Otitis Media	...	...	...	3.0	1.8	4.6
Enlarged tonsils	...	...	...	11.0	7.4	20.1
Adenoids	...	...	...	3.8	4.6	3.1
Enlarged tonsils and adenoids	...	...	...	50.3	45.4	16.3
Other nose and throat defects	...	...	...	4.9	2.6	7.1
Defects of speech	...	...	...	0.3	0.3	1.1
Organic heart disease	...	...	...	0.9	0.3	1.6
Pulmonary tuberculosis:						
(a) Definite	...	...	...	0.08	0	0.1
(b) Suspected	...	...	...	0.26	0	0.5
Non-pulmonary tuberculosis	...	...	...	0	0.08	0.6
Epilepsy	...	...	...	0	0.2	0.3
Chorea	...	...	...	0	0.08	0.5
Other nervous conditions	...	...	...	0.5	0.7	1.2
Deformities:						
Rickets	...	...	...	0.4	0.2	1.2
Spinal	...	...	...	8.2	6.3	2.5
Other forms	...	...	...	8.9	5.7	6.9

*In calculating this figure the Entrants have been left out of account.

MALNUTRITION. At the routine inspections 214 children were classified as suffering from malnutrition, and 262 at the special inspections. In the previous year the corresponding figures were 231 and 208. There is no uniform standard which can be adopted by Inspectors and this makes comparison of figures of very little use. In England and Wales the average rate of malnutrition is about 11 per 1,000 of the children seen at the routine inspections, the corresponding figure in Cornwall being 18. This means that a rather high standard is adopted by the Inspectors in the County. The Inspectors do not consider that there has been any appreciable increase in malnutrition during recent years. With a hope of securing a more uniform classification, the Board of Education have asked for the figures for 1935 to be classified in four groups:—(1) Excellent, (2) Normal, (3) Slightly Sub-normal, (4) Bad. The classification should be made on clinical grounds and not based solely on the height and weight of the child. It is hoped that the figures obtained in this way will be more useful for comparison.

UNCLEANLINESS. A nurse usually makes three inspections of a school, i.e. one visit per term. 93,496 examinations were made and 4,819 individual children were found unclean. All cases of uncleanliness, however slight, are recorded even if only one nit is found. This gives a rate of 13% of the children on the books. These figures are not very satisfactory although about the same as for England and Wales. Very much better results are obtained in some schools than in others. In London only 3.8% were found to be unclean in 1933.

MINOR AILMENTS AND DISEASES OF THE SKIN. These figures are only those found at the actual inspections, and teachers are directed to exclude children when necessary. In such cases the nurses are sent to the homes to advise treatment.

VISUAL DEFECTS AND EXTERNAL EYE DISEASE. The visual defects referred for treatment have always been lower than those for England and Wales, the higher figure for England and Wales being apparently due to the fact that in some areas all defects are referred for refraction whether there are symptoms or not.

EXTERNAL EYE DISEASE. These are usually only half the number found in England and Wales, and are more commonly found in neglected children in large towns.

NOSE AND THROAT DEFECTS. These defects are rather more common than in England and Wales, and considerable interest has been taken in this question during the last few years. There is no indication that the incidence of the disease is lessening at all.

EAR DISEASE AND DEFECTIVE HEARING. The ear disease found at the routine inspections is usually less than that for England and Wales. Defects of hearing are usually greater owing to the greater number of children with enlarged tonsils and adenoids, which is the most common cause of temporary deafness in school children.

DENTAL DEFECTS. As the dental scheme has only been in operation for four years and only includes the younger children it is impossible to compare the figures with those for England and Wales. There seems no reason to suspect that the incidence of dental disease differs materially from that in England and Wales generally.

ORTHOPAEDIC AND POSTURAL DEFECTS. Here again the scheme for treatment has only been in operation a short time and the numbers referred for treatment are increased by old standing cases for which no treatment has been available previously.

HEART DISEASE AND RHEUMATISM. The figures suggest that this is much less common than in England and Wales generally.

TUBERCULOSIS. These figures refer to cases found in school, which are rare. Most cases are already excluded from school and dealt with under the Tuberculosis Scheme.

Following-Up.

The whole-time health visitors and 151 district nurses attend the routine inspections at the schools and follow up children

to their homes on the recommendation of the School Medical Officers.

The nurses try to get the defects treated by medical practitioners if necessary, and help in carrying out the treatment.

	Whole-time Health Visitors.	District Nurses.	Total.
Number of children followed up	862	685	1547
Number of visits paid ...	2882	3307	6189
Number of Medical Inspections attended	213	470	683
Number of Inspections for cleanliness	217	829	1046
" Following up " Tonsils and Adenoids	60	83	143

These figures do not show all the work done by the district nurses, as so much of the work is done for school children quite apart from the school examinations.

Arrangements for Treatment.

MALNUTRITION. Until October 1934, Milk was provided in Schools for necessitous children suffering from malnutrition, as in former years, about 450 children receiving milk at any one time and about 1,000 individual children during the year, on the recommendation of the School Medical Officers. In addition about 5,500 children were receiving and paying for one-third of a pint of milk daily under an arrangement made by the Teachers on the lines suggested by the National Milk Publicity Council.

In October, 1934, the arrangements made under the Milk Marketing Board's Scheme were adopted, whereby a child may receive one-third of a pint of milk for a halfpenny. On the recommendation of the School Medical Officers necessitous children are included in this scheme. The Board of Education recommend that whenever possible pasteurised milk should be supplied in schools, but it is not easy in country districts to arrange for pasteurised milk of sufficient cleanliness. It is not only the school milk that children consume, and of course children under school age cannot receive milk in school. The

first object is to improve the general milk supply if possible and eventually no doubt it will be considered desirable that milk should be clean and safe. Unfortunately not even the highest grades of milk can be considered absolutely safe, apart from efficient pasteurisation. An enormous amount of work has been done by the Dairy Staff in arranging for the supplies of milk in schools. The Council has now appointed a veterinary surgeon so that it will be possible to give special attention to the milk supplied to schools. At the end of the year 18,233 children were receiving milk in school and of those the milk was paid for by the parents of 17,376 children and by the Education Committee for 857 children. 19 children were being supplied with Cod Liver Oil. The general opinion of the Teachers is that the results are very satisfactory.

UNCLEANLINESS. Advice is given to the parents by the Health Visitors and District Nurses, with good results, except in cases where the mentality of the parents is very low. These tend to become chronic, the children being cleaned periodically but always relapsing.

The nurse may help the parents in the cleansing, but no official cleansing stations are in use.

MINOR AILMENTS AND DISEASES OF THE SKIN. Cases are followed up by the Nurses and receive help in carrying out the treatment. Where medical advice is required cases are referred to general practitioners.

A temporary clinic could be arranged when necessary so that Nurses could deal with greater numbers; for instance in an epidemic of Impetigo.

VISUAL DEFECTS AND EXTERNAL EYE DISEASES. Visual defects are referred to the School Oculist for refraction. The necessary glasses are prescribed, and the majority are provided by the parents. In cases of necessity, on the recommendation of the School Managers, the necessary glasses are provided by the Education Authority. All children in need of examination can be seen at one of the 15 Eye Clinics. See Table IV. Group II.

Children for whom glasses have been prescribed are re-examined every 2 years or oftener, so that it may be ascertained whether any change is required.

The following particulars will amplify the figures given in Table IV, Group II, and will give some indication of the work done in 1934:—

(1) Spectacles prescribed by School Oculist:				
(a) Obtained by parents	389	+	5	on 1933
prescription	...	...	...	= 394
(b) Paid for by L.E.A.	212	+	13	on 1933
prescription	...	...	...	= 225
(c) Not obtained	...	...	...	37
				— 656
(2) New frames prescribed by School Oculist:				
(a) Obtained by parents	...	...	...	70
(b) Obtained by L.E.A.	...	...	...	19
(c) Not obtained	...	...	...	10
				— 99
(3) Spectacles repaired by L.E.A.	...	...		15
(4) "Continue present spectacles"	...	...		391
(5) "No spectacles needed"	...	...		82
(6) Children absent from Eye Clinics:				
(a) Parents refuse examination	...	...		34
(b) Child had left school	...	...		10
(c) Child treated privately	...	...		19
(d) Child had left district	...	...		6
				— 69

The treatment of external eye disease is undertaken by the general practitioners with the help of the Nurses.

NOSE AND THROAT DEFECTS. Cases are referred to their own doctors in the first place, and if operative treatment is required, arrangements have been made for it to be given at 12 hospitals in, or adjoining, the County. There should be no difficulty in any child obtaining the necessary treatment. See Table IV, Group III.

Not so many children as formerly are recommended for operative treatment by the School Medical Officers. In nearly all cases receiving operative treatment under the Council's scheme the parents are pleased with the immediate results.

EAR DISEASE AND DEFECTIVE HEARING. The arrangements are similar to those for the treatment of nose and throat defects. There is an Ear and Throat department at the Prince of Wales Hospital, Plymouth, to which cases requiring special treatment may be sent.

DENTAL DEFECTS. Two Dentists were appointed in 1931, and arrangements were made for treatment as follows:—

Year.	Age Groups treated.		
1931	5,	6,	7.
1932	5,	6,	7, 8.
1933	5,	6,	7, 8, 9.
1934	5,	6,	7, 8, 9, 10.

together with as many "Specials" as time permitted.

The following report made to the Education Committee gives the present position:—

"The following recommendation was approved by the County Council on the 23rd July, 1930:—

'That arrangements be made for the inspection during the first year of all children from 5 to 7 years of age, and that these children be kept under observation and treatment during their school life, there being added each year for inspection and treatment all entrants, so that in the 8th year of the scheme all children will be under observation and treatment.

That two dentists and dental nurses be appointed for the first year.'

This was approved by the Council on the understanding that not more than two dentists would be appointed without the approval of the Council. Eventually six dentists may be required.

Two dentists and dental attendants were appointed in May, 1931, and the following table gives the work done during the visit to each school about once a year:—

1st Round (10 months): May 1931 — Feb. 1932:

Ages, 5, 6 and 7 year olds	...	...	...	10,500
Specials examined and when necessary treated				2,000

2nd Round (11 months): Mar. 1932 — Jan. 1933:

Ages, 5, 6, 7 and 8 yr. olds	...	...	...	14,600
Specials	...	...	...	1,740

3rd Round (12 months): Feb. 1933 — Jan. 1934:

Ages, 5, 6, 7, 8 and 9 yr. olds	...	...	...	17,500
Specials	...	...	...	1,200

4th Round (Now in progress): Feb. 1934—

Ages, 5, 6, 7, 8, 9 and 10 yr. olds.
Specials.

The maximum time which should be allowed between inspections should be twelve months, although this is longer than is desirable, as disease may start and make considerable progress during the twelve months.

It is now impossible to complete a round in twelve months and the future policy must be considered:—

- (1) Carry on with the present staff on the present lines but leaving out the smaller schools, until eventually only about one third of the children are included;
- (2) Increase the staff by appointing a third dentist and dental attendant, and thus provide sufficient staff to complete a round in one year for the present, and also undertake the inspection and treatment of necessitous children in the secondary schools. Further appointments to be made when it is no longer possible to complete a round in about twelve months.

No. (2) is the better procedure. The secondary school children who have been under observation and treatment in the elementary schools at present are unable to continue under the

County Scheme, and in necessitous cases no observation and treatment is obtained.

On the 5th July, 1934, the Education Committee approved of the following recommendation of the Higher Education Committee:—

‘ That the Education Committee be recommended to arrange for ‘ necessitous circumstances ’ pupils in the Authority’s secondary schools to receive dental treatment by school dentists.’

The extra cost of a third dentist and dental attendant during the first year would be about £950 and in succeeding years about £850 per annum. The cost of dental treatment for the present year will be about £1,750.”

As the Council did not approve of an increased expenditure for the dental services, the work must be carried on by two dentists, the number of schools visited by each being gradually diminished so that the schools remaining in the scheme may be visited once a year.

The following table gives the percentage of children requiring treatment who accepted and received treatment:—

			Cornwall.	England and Wales.
Year 1931	...	...	56.0	63.1
Year 1932	...	...	63.5	61.3
Year 1933	...	...	59.9	—
Year 1934	...	...	63.9	—

These figures are about the same as those for England and Wales.

ORTHOPAEDIC AND POSTURAL DEFECTS. See Table IV. Group IV.

In Cornwall there are orthopaedic clinics maintained by the County Council at

Penzance	St. Austell
Tuckingmill	Wadebridge
Truro	Liskeard.

There is also a clinic at Launceston maintained by the Devonian Association and one at Plymouth maintained by the

Plymouth Borough Council, at which arrangements have been made for the treatment of cases from Cornwall.

The County Council maintain 14 beds at the Royal Cornwall Infirmary, Truro, and beds are available when required at the Mount Gold Hospital (Plymouth Borough Council), at the Princess Elizabeth Hospital, Exeter (Devonian Association) and the Dame Hannah Rogers' Orthopaedic Hospital School. The clinics and hospitals serve the children of school age and under, and the following is a summary of the work done in 1934:—

	Under School Age.	School Age.	Total.
New cases seen at the clinics	86	205	291
Total attendance of cases on doctors' days	506	1706	2212
Cases recommended for ad- mission to hospital ...	35	76	111
Number admitted during the year	24	54	78

The Orthopaedic Surgeon attends each clinic once a month and the Sister attends once a week to carry out the necessary treatment.

POSTURAL DEFECTS. There are many postural defects found in schools, especially in secondary schools, and it may be impossible to refer all such cases to orthopaedic clinics for treatment as the clinics would become overcrowded with minor defect cases. Referring to this question Sir George Newman reports as follows:—

“ The minor postural defects can be effectively dealt with by well-chosen physical exercises given daily by an interested class teacher under the general supervision of the physical training organiser. The more severe cases should be selected to attend the remedial exercise school clinic for treatment by the qualified remedial gymnast under the supervision of the school medical officer; and only the most severe cases, and those which do not appear to be responding to the remedial exercises, need to be referred to the orthopaedic clinic. At the same time the necessity

for close attention to hygiene, rest and nutrition should not be lost sight of, as well as attention to proper desks and correct sitting and standing."

HEART DISEASE AND RHEUMATISM. Cases seen are referred to private practitioners.

TUBERCULOSIS. Cases suffering from or suspected to be suffering from Tuberculosis are referred to the County Tuberculosis Officer, and arrangements are made for attendance at a clinic, or a visit to the home if necessary.

The notifications of tuberculosis between the ages of 5 and 15 were:—

Pulmonary	...	8
Non-pulmonary	...	15

The following patients were treated at the Tehidy Sanatorium:—

Ages 5 to 15 years.	Pulmonary.	Non-Pulmonary.
Patients in Tehidy 1.1.34	...	1
Patients admitted during the year	5	8
Patients discharged during the year	3	9
Patients in Tehidy 31.12.34	...	3
		5

INFECTIOUS DISEASE. Full directions are given to the teachers in the Green Handbook. Cases of infectious disease are reported to the County and the District Medical Officer of Health.

Exclusions from school during the year are analysed below:

	S.M.O.'s.	Head Teacher's.
Impetigo	2	53
Scabies	4	2
Ringworm—		
Body	2	36
Head	2	2
Other Skin Diseases ...	3	—
Verminous Condition ...	5	4
Infectious Diseases ...	7	27
Miscellaneous	12	1
Totals	37	125

During the year one school was closed for Diphtheria by the Local Sanitary Authority for two weeks.

OPEN AIR EDUCATION. New schools are designed on much better lines than the older schools.

PHYSICAL TRAINING. The County Organiser is making a separate report.

PROVISION OF MEALS. Under Section 84 of the Education Act, 1921, the L.E.A. provides free Milk and Cod Liver Oil for necessitous undernourished children selected by the School Medical Officers. (See also "Malnutrition").

CO-OPERATION OF TEACHERS, SCHOOL ATTENDANCE OFFICERS AND VOLUNTARY BODIES.

CO-OPERATION OF PARENTS. The parents are notified when a child is due for examination; 5,874 parents were present during the examinations (of routines and specials) at the elementary schools, i.e., for 42 per cent. of the children. In some of the towns nearly all the children are accompanied by their parents, showing that considerable interest is taken, but in the rural districts the distances are usually too great.

CO-OPERATION OF TEACHERS. Much of the clerical work falls on the teachers, especially in preparing the schedules for the entrants, sending out notices to parents, etc. The teachers have great influence in persuading the parents to obtain treatment, and more would be done if there were greater facilities for treatment.

CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS. The Attendance Officers try to get absent children brought to the routine inspections when there is some doubt as to their fitness for school.

CO-OPERATION OF VOLUNTARY BODIES. The County Nursing Association and the District Nursing Associations render great assistance by allowing their nurses to attend the medical inspections and to follow up children to their homes. During the year they have also taken part in the cleanliness surveys.

N.S.P.C.C. During the year a grant of £5 was made to this Society by the Education Committee. In giving their approval the Board of Education requested that a report of the work done should be included in the Annual Report of the School Medical Officer. Most of the work done by the N.S.P.C.C. is not directly the result of reports from the School Authorities, but the following work was done in response to such reports :—

88 children in 33 families. Neglected or ill-treated.

19 families very much improved.

8 families still under observation.

151 visits were made to the homes.

Blind, Deaf, Defective and Epileptic Children.

Teachers and Attendance Officers report to the District Clerk particulars of children alleged to be unable or unfit to attend an elementary school owing to permanent defect, and arrangements are made for a medical examination of such children if possible. If they are attending school the teachers present them for medical examination as "Specials."

Blind and deaf children are sent to special residential or day schools if the parents are willing. Further provision has been made for crippled children in hospital schools while under treatment. Early treatment will diminish the number requiring education in Residential Cripple Schools.

Very few feeble-minded and epileptic children are sent to special schools and then only for some special reason. The general opinion seems to be that special schools for feeble-minded children are too expensive, and some less expensive and more permanent solution must be found. At present all feeble-minded children are encouraged to attend elementary schools if they are not too much of a nuisance in school.

The following Table compares the numbers of Defectives ascertained with those in England and Wales.—

			Incidence per 1,000 average attendance.	
			Cornwall.	England & Wales.
Blind (Totally) ...	...	...	0.2	0.4
„ (Partially) ...	...	...	0.2	1.0
Deaf (Totally) ...	...	...	0.5	0.9
„ (Partially) ...	...	...	0.3	0.3
Mentally Defective—Educable			5.7	8.6
Epileptics—Severe ...	...	...	0.3	0.6
Tuberculosis—Pulmonary			0.1	2.4
„ Non-Pulmonary			0.2	1.5
Delicate children ...	...	...	1.5	15.5
Crippled children ...	...	...	1.6	
Heart ...	...	...	1.0	10.0

“ Ascertained ” means that the children have been examined and classified by the school doctors. Children, for instance feeble minded children, not yet classified by the school doctors are not included in the Tables.

A “defective” child is defined as one who is unfit for education in an elementary school but not unfit for education in a special school or class. The numbers given are only those ascertained to be defective by the School Medical Officers and do not include children not examined by them. It is not possible to examine all children alleged to be defective. The School Medical Officers report very few children as specially needing education in open air schools, as in Cornwall the conditions are very different from those found in the slums of large towns, and often a supply of milk in school effects considerable improvement, which is more likely to be permanent than education in a Special School, as experience shows a tendency for children when discharged from Special Schools to relapse.

There are no Special Schools maintained by the Education Authority, and there is no register showing the after-careers of children who have been maintained in Special Schools. Local Councillors are asked to keep such children under observation

and if possible assist them in obtaining suitable employment. As mentally deficient children are not sent to Special Schools it is not possible to notify their names to the Mental Deficiency Committee, and no provision is made for their after-care.

The Cornwall Blind Association is a voluntary body which undertakes the after-care of blind children, and in the same way a Deaf Association has been set up in the County with the object of looking after the interests of the Deaf and Dumb.

HIGHER EDUCATION. Blind children of suitable intelligence are sent by the Authority to the South Devon and Cornwall Institution for the Blind for training on leaving the special school at Exeter. A few pupils are also trained in the Exeter Institution.

The usual method of dealing with blind persons who are in need of further training is to consider the report and recommendations submitted by the Institutions responsible for their education up to the age of 16.

The requirements of other blind persons in need of training are usually brought to the Committee's notice by the Cornwall County Association for the Blind.

One pupil received training during the year 1934 at the S. Devon and Cornwall Institution for the Blind: Course commenced September, 1934.

The records of the after-career of pupils who have completed training, as desired by the Board, would be interesting but are not available at present.

NURSERY SCHOOLS. There are no nursery schools provided by the Authority.

Secondary Schools.

I. (a) During the year the number of the Authority's Secondary Schools was increased from 20 to 21, and their one Junior Technical School was closed.

(b) Pupils are submitted to a full medical inspection on admission, and during the years in which they reach the ages of 12 and 15 years; and to a general survey in the intervening years.

(c) All pupils attending the schools are inspected.

II. MEDICAL TREATMENT.

(a) Parents are advised of defects requiring treatment, and pupils are re-inspected in the following term to ascertain the result. There is no "following-up" to the homes by school nurses, except occasionally for special reasons.

(b) Treatment is not provided under arrangements made by the Authority. Occasionally, however, pupils suffering from defective vision are examined by the School Oculist, and glasses are prescribed. In a few cases the Higher Education Committee have recommended the provision of glasses at the cost of the County. Occasionally orthopaedic treatment is provided. Each case is considered on its merits.

(c) The type of pupil for whom treatment is sometimes provided is the "special place" pupil.

Tables I. and II. (Secondary Schools) at the end of the report give the numbers of pupils examined and the results. 3,432 pupils were inspected, and apart from uncleanness and dental defects treatment was required for 399 pupils—11.6 per cent. Apart from defective teeth, defective vision was by far the most common defect found. 597 parents attended the inspection for girls, and 310 for boys.

The general health of the secondary school pupils compares favourably with that of the elementary school, especially in the case of the boys. The girls tend to develop defects more easily than boys when much time is given to school work. The secondary school pupils are usually the pick of the elementary schools and many of them have received any treatment necessary before coming to the secondary schools.

The following Table shows the numbers per 1,000 secondary school pupils examined who were referred for treatment in Cornwall and in England and Wales:—

	Cornwall.	England & Wales
Malnutrition	1.5	3.0
Defective Vision and Squint ...	40.1	76.
Eye Disease	2.3	3.
Defective Hearing	1.0	2.
Ear Disease	0.2	3.
Nose and Throat	8.8	22.
Enlarged Cervical Glands	0.	1.
Heart — Functional and Organic disease	0.4	4.
Anaemia	1.5	9.
Lung disease	0.7	2.
Disease of Nervous System ...	0.5	2.
Teeth	125.6	200.
Spinal Curvature	6.2	25.
Flat Foot	17.8	
Other Defects	20.5	16.

Parents' Payments.

Arrangements for recovering the cost of treatment from parents are as follows:—

(a) CHILDREN ATTENDING PUBLIC ELEMENTARY SCHOOLS.

DENTAL TREATMENT. Treatment is free where the income of the parents falls below the limit fixed by the Committee. Where the income is above this limit, the child brings 1s. to school.

TONSILS AND ADENOIDS, ORTHOPAEDIC TREATMENT. Where the income exceeds the limit fixed by the Committee, the County Accountant makes a claim approved by the Chairman or Vice-Chairman of the Committee.

SPECTACLES. Parents usually pay the optician direct. In necessitous cases an order for glasses is given by the Authority for the optician.

- (b) PUPILS IN SECONDARY SCHOOLS. Treatment is not usually provided and no arrangements are made for payments. In the few cases where treatment is provided the arrangements are similar to those for elementary school children.

Miscellaneous Work.

Medical Examinations of Teachers ...	35
Examination of Hair for Ringworm ...	9

MEDICAL INSPECTION RETURNS.

Year ended 31st December, 1934.

Elementary Schools.

TABLE I.

A. Routine Medical Inspections.

Number of Inspections in the prescribed Groups

Entrants	...	...	...	...	...	3,674
Second Age Group			...	...	...	3,848
Third Age Group			...	...	...	3,883
Total						<hr/> 11,405 <hr/>

Number of other Routine Inspections ... Nil.

B. Other Inspections.

Number of Special Inspections	...	...	2,577
Number of Re-Inspections	...	...	8,528
Total			<hr/> 11,105 <hr/>

TABLE II.

**A.—RETURN OF DEFECTS FOUND BY MEDICAL
INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1934.**

DEFECT OR DISEASE.					Routine Inspections.		Special Inspections.	
					Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
(1)					(2)	(3)	(4)	(5)
Skin	Malnutrition	...	...	...	214	6	262	7
	Ringworm :							
	Scalp	...	...	...	2	1	6	4
	Body	...	...	...	7	1	—	2
	Scabies	...	...	...	5	—	3	—
	Impetigo	...	...	...	19	1	14	—
Eye	Other Diseases (non-tuberculous)	...	...	...	42	10	11	2
	Blepharitis	...	...	...	17	2	2	—
	Conjunctivitis	...	...	...	14	1	5	—
	Keratitis	...	...	...	3	—	2	—
	Corneal Opacities	...	...	...	1	—	—	—
	Defective Vision (excluding squint)	...	...	...	453	95	183	5
Ear	Squint	...	...	...	99	53	40	1
	Other Conditions	...	...	...	3	2	1	—
	Defective Hearing	...	...	...	36	18	16	1
	Otitis Media	...	...	...	34	9	14	1
	Other Ear Diseases	...	...	...	—	—	—	—
	Chronic Tonsillitis only	...	...	...	126	120	16	3
Nose and Throat	Adenoids only	...	...	...	44	24	12	2
	Chronic Tonsillitis & Adenoids	...	...	...	579	39	67	2
	Other Conditions	...	...	...	56	15	5	4
Enlarged Cervical Glands (Non Tuberculous)					8	17	3	—
Defective Speech					4	9	1	—
Heart and Circulation.	Heart Disease :							
	Organic	...	...	...	11	15	1	13
	Functional	...	...	...	3	16	2	—
Lungs	Anæmia	...	...	...	31	6	17	—
	Bronchitis	...	...	...	33	2	1	—
	Other Non-Tuberculous Diseases	...	...	...	25	52	2	3
	Pulmonary :							
	Definite	...	...	...	1	—	—	—
	Suspected	...	...	...	3	1	1	—
Tuber- culosis	Non Pulmonary :							
	Glands	...	...	...	—	1	—	—
	Bones and Joints	...	...	...	—	1	—	—
	Skin	...	...	...	—	—	—	—
	Other Forms	...	...	...	—	—	—	—
		—	—	—	—
Nervous System	Epilepsy	...	...	...	—	7	—	5
	Chorea	...	...	...	—	5	2	2
	Other Conditions	...	...	...	6	12	4	3
Deformities	Rickets	...	...	...	5	3	—	—
	Spinal Curvature	...	...	...	94	5	17	8
	Other Forms	...	...	...	102	28	23	15
Other Defects and Diseases (excluding uncleanness and dental diseases)					173	152	35	68
Totals					2253	729	768	151

B.—NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

Group. (1)	Number of Children	
	Inspected. (2)	Found to require Treatment. (3)
PRESCRIBED GROUPS:—		
Entrants	3,674	719
2nd Age Group	3,848	753
3rd Age Group	3,883	581
Total (Prescribed Groups)	11,405	2,053
Other Routine Inspections	—	—
Grand Total	11,405	2,053

TABLE III.—RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA IN 1934.

	At Certified Schools for					At Certified Special Schools	At Public Elem. Schools	At other Institutions	At no School or Institution	Totals
	Blind	Partially Blind	Deaf	Partially Deaf	Mentally Defective					
Blind	9	—	—	—	—	—	—	—	—	9
Partially Blind	—	—	—	—	—	—	5	—	2	7
Deaf	—	—	15	—	—	—	3	—	1	19
Partially Deaf	—	—	—	—	—	—	10	—	2	12
Feeble-minded	—	—	—	—	3	—	157	9	39	208
Epileptic (Severe)	—	—	—	—	—	—	—	—	8	8
Tuberculosis (Pulmonary)	—	—	—	—	—	—	—	3	2	5
Tuberculosis (Non-Pulmonary)	—	—	—	—	—	—	—	5	2	7
Delicate	—	—	—	—	—	—	32	2	19	53
Crippled	—	—	—	—	—	3	31	5	18	57
With Heart Disease	—	—	—	—	—	—	18	1	17	36
	9	—	15	—	3	3	256	25	110	421
Children suffering from Multiple Defects										
				...	...	...	...	...	...	16
Children " notified " to Mental Deficiency Committee during year ...										437
							...	...	Total	13

TABLE IV.—RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st DECEMBER, 1934.

GROUP I. MINOR AILMENTS (excluding uncleanness).

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwisc.	Total.
(1)	(2)	(3).	(4).
Skin—			
Ringworm—Scalp—			
(i.) X-Ray Treatment	—	—	—
(ii.) Other "	6	6	12
Ringworm—Body	53	2	55
Scabies	9	—	9
Impetigo	113	—	113
Other Skin Diseases	10	13	23
Minor Eye Defects	29	5	34
(External and other but excluding cases falling in Group II.)			
Minor Ear Defects	10	1	11
Miscellaneous	27	—	27
(Minor injuries, bruises, sores, chil-blains, etc.)			
Total	257	27	284

GROUP II. DEFECTIVE VISION AND SQUINT. (Excluding Minor Eye Defects treated as Minor Ailments—Group I).

Defect or Disease.	Number of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)
Errors of Refraction (including squint). ...	1,210	50	1,260
Other Defect or Disease of the Eyes, (excluding those in Group I).	—	2	2
Total	1,210	52	1,262

Total number of children for whom spectacles were prescribed—

(i) Under the Authority's Scheme	638
(ii) Otherwise	35

Total number of children who obtained or received Spectacles—

(i) Under the Authority's Scheme	225
(ii) Otherwise	394

TABLE IV.—(Contd.).

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

No. of Defects:—

Received Operative Treatment—

(1) Under the Authority's Scheme
in Clinic or Hospital—

(i) Tonsils only	...	...	4
(ii) Adenoids only	...	...	5
(iii) Tonsils and Adenoids	...	...	154
(iv) Other defects of the Nose and Throat	...	...	1

(2) By Private Practitioner or Hos-
pital, apart from the Authority's
Scheme—

(i) Tonsils only	...	...	3
(ii) Adenoids only	...	...	3
(iii) Tonsils and Adenoids	...	...	99
(iv) Other defects of the Nose and Throat	...	...	1

(3) Total—

(i) Tonsils only	...	...	7
(ii) Adenoids only	...	...	8
(iii) Tonsils and Adenoids	...	...	253
(iv) Other defects of the Nose and Throat	...	...	2

(4) Received other forms of
Treatment

...	...	...	34
(5) Total number treated	...	...	304

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(1) Under the Authority's Scheme:
Number of Children treated—

(i) Residential treatment with education	...	...	17
(ii) Residential treatment without education	...	...	47
(iii) Non-residential treatment at an orthopaedic clinic	...	...	510

(2) Otherwise:

(i) Residential treatment with education	} Not known. Probably None.	
(ii) Residential treatment without education		
(iii) Non-residential treatment at an orthopaedic clinic		
Total number treated		... 574

GROUP V. DENTAL DEFECTS.

(1) Number of Children who were:—

(i) Inspected by the Dentist:

Routine Age Groups:

Aged 5	...	...	1,861
„ 6	...	...	2,663
„ 7	...	...	2,721
„ 8	...	...	2,661
„ 9	...	...	2,589
„ 10	...	...	2,302
„ 11	...	...	1,090
Specials	...	...	1,074

Grand Total ... 16,961

(ii) Found to require treat-
ment

...	...	15,212
(iii) Actually treated	...	9,709

(2) Half-days devoted to:—

Inspection	...	} ... 831
Treatment	...	

(3) Attendances made by chil-
dren for treatment

...	...	9,747
-----	-----	-------

(4) Fillings:—

Permanent Teeth	...	3,656
Temporary Teeth	...	191
Total	...	3,847

(5) Extractions:—

Permanent Teeth	...	1,268
Temporary Teeth	...	10,806
Total	...	12,074

(6) Administrations of general
anæsthetics for extrac-
tions

(7) Other operations:—

Permanent Teeth	...	324
Temporary Teeth	...	10,298

Total ... 10,622

Table IV.—(Contd).

GROUP VI. UNCLEANLINESS AND VERMINOUS CONDITIONS.

(1) Average number of Visits per School made during the year by the School Nurses	... ..	2.90
(2) Total number of Examinations of children in the Schools by School Nurses	... ..	93,496
(3) Number of individual children found unclean	...	4,819
(4) Number of children cleansed under arrangements made by the Local Education Authority	... ..	none.
(5) Number of cases in which legal proceedings were taken:		
(a) Under the Education Act, 1921	... ..	none.
(b) Under School Attendance Bye-laws	... ..	none.

Secondary Schools.

**Table I.—Medical Inspection of Pupils for the year ended
31st December, 1934.**

Routine Examinations.

Entrants	...	...	...	...	...	...	1,026
12-year-olds	...	...	...	...	...	...	445
15-year-olds	...	...	...	...	...	...	417
Other ages	...	...	...	...	...	...	1,981
							<hr/>
Total						...	3,869
							<hr/>

Re-Examinations.

Boys	...	...	...	...	...	...	...	221
Girls	...	...	...	...	...	...	...	402
								<hr/>	
Total								...	623
									<hr/>

Number of Individual Children examined	...	3,869
Number of children requiring treatment	...	424
(Excluding uncleanliness and dental diseases).		
		<hr/>
Percentage	...	10.96
		<hr/>

Number of Parents or Guardians present at Examinations.

With Boys	...	...	...	...	...	310
With Girls	...	...	...	..	...	597

**Table II.—Return of Defects found by Medical Inspection in
the year ended 31st December, 1934.**

DEFECT OR DISEASE.	Routine Inspections.		Treated.
	Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.	
(1)	(2)	(3)	(4)
Malnutrition	6	—	3
Skin	34	—	14
Hair	23	—	9
Defective Vision	153	44	143
Squint	2	5	2
External Eye Disease	7	—	4
Defective Hearing	4	2	5
Ear Disease	1	2	2
Nose and Throat	34	19	19
Enlarged Cervical Glands	—	—	1
Heart and Circulation	2	8	1
Anæmia	6	—	1
Lungs	3	1	—
Headache	—	—	—
Nervous System, conditions other than Epilepsy or Chorea	2	2	2
Epilepsy	—	—	—
Chorea	—	—	—
Overstrain	7	2	1
Spinal Curvature	24	2	14
Flat Foot	69	42	47
Teeth	488	—	303
Other Defects and Diseases.. .. .	79	28	39
TOTALS	944	157	610



TABLE IV.—RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st DECEMBER, 1934.

GROUP I. MINOR AILMENTS (excluding uncleanness).

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3).	(4).
Skin—			
Ringworm—Scalp—			
(i.) X-Ray Treatment	—	—	—
(ii.) Other "	6	6	12
Ringworm—Body	53	2	55
Scabies	9	—	9
Impetigo	113	—	113
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(External and other but excluding cases falling in Group II.)			
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Miscellaneous	27	—	27
(Minor injuries, bruises, sores, chil-blains, etc.)			
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GROUP II. DEFECTIVE VISION AND SQUINT. (Excluding Minor Eye Defects treated as Minor Ailments—Group I).

Defect or Disease.	Number of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)
Errors of Refraction (including squint). ...	1,210	50	1,260
Other Defect or Disease of the Eyes, (excluding those in Group I).	—	2	2
Total	1,210	52	1,262

Total number of children for whom spectacles were prescribed—

(i) Under the Authority's Scheme	638
(ii) Otherwise	35

Total number of children who obtained or received Spectacles—

(i) Under the Authority's Scheme	225
(ii) Otherwise	394

TABLE IV.—(Contd.).

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

No. of Defects:—

Received Operative Treatment—

(1) Under the Authority's Scheme in Clinic or Hospital—	(3) Total—
(i) Tonsils only 4	(i) Tonsils only 7
(ii) Adenoids only 5	(ii) Adenoids only 8
(iii) Tonsils and Adenoids ... 154	(iii) Tonsils and Adenoids ... 253
(iv) Other defects of the Nose and Throat 1	(iv) Other defects of the Nose and Throat 2
(2) By Private Practitioner or Hospital, apart from the Authority's Scheme—	(4) Received other forms of Treatment 34
(i) Tonsils only 3	(5) Total number treated ... 304
(ii) Adenoids only 3	
(iii) Tonsils and Adenoids ... 99	
(iv) Other defects of the Nose and Throat 1	

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(1) Under the Authority's Scheme: Number of Children treated—	(2) Otherwise:	
(i) Residential treatment with education 17	(i) Residential treatment with education	Not known. Probably None.
(ii) Residential treatment without education ... 47	(ii) Residential treatment without education	
(iii) Non-residential treatment at an orthopaedic clinic 510	(iii) Non-residential treatment at an orthopaedic clinic	
	Total number treated	... 574

GROUP V. DENTAL DEFECTS.

(1) Number of Children who were:—	(4) Fillings:—	
(i) Inspected by the Dentist:	Permanent Teeth ... 3,656	
Routine Age Groups:	Temporary Teeth ... 191	
Aged 5 1,861	Total ... 3,847	
„ 6 2,663		
„ 7 2,721		
„ 8 2,661		
„ 9 2,589	(5) Extractions:—	
„ 10 2,302	Permanent Teeth ... 1,268	
„ 11 1,090	Temporary Teeth ... 10,806	
Specials 1,074	Total ... 12,074	
Grand Total ... 16,961		
(ii) Found to require treatment 15,212	(6) Administrations of general anæsthetics for extractions —	
(iii) Actually treated ... 9,709		
(2) Half-days devoted to:—	(7) Other operations:—	
Inspection }	Permanent Teeth ... 324	
Treatment }	Temporary Teeth ... 10,298	
(3) Attendances made by children for treatment ... 9,747	Total ... 10,622	

Table IV.—(Contd).

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							Total ...
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							Total ...
							623

Number of Individual Children examined	...	3,869
Number of children requiring treatment (Excluding uncleanness and dental diseases).	...	424

Percentage	...	10.96
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Defective Hearing	4	2	5
Ear Disease	1	2	2
Nose and Throat	34	19	19
Enlarged Cervical Glands	—	—	1
Heart and Circulation	2	8	1
Anæmia	6	—	1
Lungs	3	1	—
Headache	—	—	—
Nervous System, conditions other than Epilepsy or Chorea	2	2	2
Epilepsy	—	—	—
Chorea	—	—	—
Overstrain	7	2	1
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